

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC (Name)

	00572 ,	00572 (Prior Period)	NAIC Compa	any Code	11557	Employer's II	O Number	47-2582248		
Organized under the Laws	,	Michigan		, State o	f Domicile	or Port of Entry		Michigan		
Country of Domicile		<u> </u>		United S		_				
Licensed as business type:	Life, Accident Dental Servic Other []	& Health [] e Corporation []	Vision Se	Casualty [] ervice Corporat	ion[]	Health Maintenanc		vice or Indemnity []		
Incorporated/Organized		12/18/2014		Commenced		. [] []	01/01/2003			
Statutory Home Office		100 Galleria Officen (Street and Nu		,		Southfiel (City or Town, Sta	d, MI, US 48 ate, Country and			
Main Administrative Office					Stevens Dri					
	delphia, PA, US			·		215-937-800				
Mail Address		ia Officentre, Suite 2	210	,		(Area Code) (Telephone Southfield, M (City or Town, State, Co	I, US 48034	ode)		
Primary Location of Books a	•					evens Drive				
Phila	delphia, PA, US	19113			(Street	and Number) 215-937-800	00			
(City or To	wn, State, Country a					Code) (Telephone Num	ber) (Extension)			
Internet Web Site Address				MiBlueCross	Complete.					
Statutory Statement Contac		Paul Edward Ste	evenson			(Area Code) (Teleph		xtension)		
pstevensor	(E-Mail Address)	complete.com				248-663-747 (Fax Number)				
Name Steven Harvey Bohner James Michael Jernigan		Title Treasurer President		Robert E		otle, Esquire,		Title Secretary		
Eileen Mary Coggin Kimberly Monette Redd-P		DIRE James Michael J		OR TRUS	TEES rk Robert E	Sartlett	Lynd	a Marie Rossi		
State of	.Philadelphia	ss								
The officers of this reporting er above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rul knowledge and belief, respectivent required, that is an exac regulators in lieu of or in additionable and the conditional control of the conditional condit	ed assets were the tith related exhibit affairs of the secondance with the es or regulations vely. Furthermore toopy (except for	ne absolute property or s, schedules and exp aid reporting entity as a NAIC Annual Statemer equire differences in the scope of this atter formatting differences.	f the said report lanations therein of the reporting ent Instructions a reporting not rel station by the d	ing entity, free a n contained, anr period stated ab and Accounting I ated to accountil escribed officers	nd clear from nexed or refloove, and of Practices and ng practices also include	m any liens or claims erred to, is a full and its income and dedu- d <i>Procedures</i> manual and procedures, acc es the related corresp	thereon, exce I true stateme ctions therefro except to the ording to the I onding electro	pt as herein stated, and ant of all the assets and for the period ended, extent that: (1) state law best of their information, onic filling with the NAIC,		
Steven Harv Treas				d Tootle, Esqu cretary	ire	Ja	mes Michae Preside			
Subscribed and sworn to l		2019			b. If n 1. S 2. [this an original filing to: State the amendme Date filed Number of pages at	nt number	Yes [X] No []		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	Over 90 Days	6 Nonadmitted	Admitted
1 - 30 Days	31 - 60 Days	61-90 Days	Over 90 Days	Nonaomitted	Admitted
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25,530,989	25,770,441	26,208,285	23,604,531		101,114,246
		26,208,285	23,604,531	0	101,114,246

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted		
Pharmaceutical Rebate Receivables	•		•					
PerformRy IIC		324,346	324,346	964,832	964,832	973,038		
0199999 - Pharmaceutical Rebate Receivables	324,346		324,346		964,832	973,038		
0299998 - Aggregate of amounts not individually listed above.	253,863		69,715		408,220	,		
0199999 - Pharmaceutical Rebate Receivables 0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	253,863		69,715		408,220	0		
Other Receivables	200,000	01,012	50,1.10	, and the second	100,220			
Michigan Department of Community Health	1,839,232					1,839,232		
0699999 - Other Receivables	1,839,232		0	0	0	1,839,232		
OCCUPANT NECESTALISTS	1,000,202		0	-	0	1,000,202		
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0799999 Gross Health Care Receivables	2,417,441	408,988	394,061	964,832	1,373,052	2,812,270		

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t	eivables Collected the Year	Health Care Receivables Accrued as of December 31 of Current Year		5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,856,892	1,937,102		1,937,870	1,856,892	1,812,865
Claim overpayment receivables	1,020,234	21,648,011		408,220	1,020,234	6,809
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	2,869,375	22,825,149		1,839,232	2,869,375	1,702,405
7. Totals (Lines 1 through 6)	5,746,501	46,410,262	0	4,185,322	5,746,501	3,522,079

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total			
	I - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)									
						ļ			
						†····			
0199999 Individually listed claims unpaid	0	0	0	0	0				
0299999 Aggregate accounts not individually listed-uncovered									
0399999 Aggregate accounts not individually listed-covered	10,467,086	1,439,033				11,906,11			
0499999 Subtotals	10,467,086	1,439,033	0	0	0	11,906,11			
0599999 Unreported claims and other claim reserves						53,990,83			
0699999 Total amounts withheld									
0799999 Total claims unpaid						65,896,95			
0899999 Accrued medical incentive pool and bonus amounts						4,395,46			

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
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				1			
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables						•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC	Administrative and Staffing Services	7 ,217 ,395	7 , 217 , 395	
		7 047 005	7 047 005	Λ
0199999 Individually listed payables		7,217,395 614,816	7 ,217 ,395 614 ,816	
0399999 Total gross payables		7,832,211	7,832,211	0
usasasa Total gross payables		1,032,211	7,032,211	U

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	2,760,974	0.5	154,012	73.4		2,760,974
Intermediaries		0.0				
3. All other providers		0.0		0.0		
4. Total capitation payments	2,760,974	0.5	154,012	73.4	0	2,760,974
Other Payments:						
5. Fee-for-service			xxx	XXX		
Contractual fee payments		99.3	xxx	XXX	,	595, 108, 022
7. Bonus/withhold arrangements - fee-for-service			xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	1,383,832	0.2	xxx	XXX		1,383,832
9 Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	596,491,854	99.5	xxx	XXX	0	596,491,854
13. Total (Line 4 plus Line 12)	599,252,828	100 %	XXX	XXX	0	599,252,828

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EARIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	WITH HAT LIGHT DIAMED						
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized			
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC			
			1	1				
				1				
				1				
			1	1				
			-					
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				+				
			+	<u> </u>	ļ			
			+		.			
9999999 Totals			XXX	XXX	XXX			

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Blue Cross Complete of Michigan LLC REPORT FOR: 1. CORPORATION

VAIC Group Code 00572 BUSINESS IN THE STATE OF	T Mishins			DURING THE YEAR	2040			(LOCATION)	IC Company Code	11557	
AIC Group Code 005/2 BUSINESS IN THE STATE OF	- Michigan	Compre	hensive	DURING THE YEAR	THE TEAK 2016						
	1	(Hospital &		4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	202,898								202,898		
2 First Quarter	196,396								196,396		
3 Second Quarter	210,536								210,536		
4. Third Quarter	216,105								216 , 105		
5. Current Year	209,883								209,883		
6 Current Year Member Months	2,497,360								2,497,360		
Total Member Ambulatory Encounters for Year:											
7. Physician	1,505,287								1,505,287		
8. Non-Physician	245,569								245,569		
9. Total	1,750,856	0	0	0	0	0	0	0	1,750,856		
10. Hospital Patient Days Incurred	108,569								108,569		
11. Number of Inpatient Admissions	20,321								20,321		
12. Health Premiums Written (b)	755,846,476								755,846,476		
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	755,846,476								755,846,476		
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	599,252,828								599,252,828		
18. Amount Incurred for Provision of Health Care Services	595,864,294								595,864,294		

(a) For health business: number of persons insured under PPO managed care products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only products 0_and number of persons insured under indemnity only persons insured under indemnity only persons insured under indemnity on the persons in	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2. ___

NAIC Crown Code 00570 DUCINESS IN THE STATE OF	Connelidated			DUDING THE VEAD	2010			(LOCATION)		11557
NAIC Group Code 00572 BUSINESS IN THE STATE OF	Consolidated	Compre	hensive	DURING THE YEAR					AIC Company Code	
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	z Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	202,898	0	0	0	0	0	0	0	202,898	(
2 First Quarter		0	0	0	0	0	0	0	196,396	
3 Second Quarter	210,536	0	0	0	0	0	0	0	210,536	
4. Third Quarter	216,105	0	0	0	0	0	0	0	216 , 105	
5. Current Year	209,883	0	0	0	0	0	0	0	209,883	(
6 Current Year Member Months	2,497,360	0	0	0	0	0	0	0	2,497,360	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,505,287	0	0	0	0	0	0	0	1,505,287	(
8. Non-Physician	245,569	0	0	0	0	0	0	0	245,569	
9. Total	1,750,856	0	0	0	0	0	0	0	1,750,856	
10. Hospital Patient Days Incurred	108,569	0	0	0	0	0	0	0	108,569	
11. Number of Inpatient Admissions	20,321	0	0	0	0	0	0	0	20,321	
12. Health Premiums Written (b)	755,846,476	0	0	0	0	0	0	0	755,846,476	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	755,846,476	0	0	0	0	0	0	0	755,846,476	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	599,252,828	0	0	0	0	0	0	0	599,252,828	
18. Amount Incurred for Provision of Health Care Services	595,864,294	0	0	0	0	0	0	0	595,864,294	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

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SCHEDULE S - PART 3 - SECTION 2

Dainacurance Cadad Assidant and Usalth	Income Listed by Deinessing	Company as of December 31 Current Year

			Rei	insurance Ceded <i>i</i>	Accident and Heal	th Insurance Liste	d by Reinsuring Con	npany as of Decemi	ber 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
NAIC	_		Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for	• •	·-	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates	Carioalotion	Codod		1 Torritatio	(Lournatou)	Torrida i Torrida i i o	Ourront rour	1 Hor roa	11000110	Onder Combarance
60739			AMERICAN NATL INS CO.	TX	SSL/I	MC	(8,145)						
			Non-Affiliates - U.S. Non-Affiliates				(8,145)	Λ	0	Λ	0	0	Λ
			Non-Affiliates - Total Authorized Non-Affiliates				(8,145)	0		0	0	0	0
			Total General Account Authorized				(8,145)	0	0	0	0	0	0
3499999 -	- General Account	- Total General	Account Authorized, Unauthorized and Certified				(8,145)	0	0	0	0	0	0
6999999 -	- Total U.S. (Sum	of 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	(8,145)	0	0	0	0	0	0
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9999999	7 Totals						(8,145)	0	0	0	1 0	1 0	0 1

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

			Omitted)	1		1
		1 2018	2 2017	3 2016	4 2015	5 2014
A. OP	ERATIONS ITEMS					
1. P	remiums	0	0	0	0	0
2. T	itle XVIII-Medicare	0	0	0	0	0
3. T	itle XIX-Medicaid	(8)	1,615	1,379	4,092	3,196
4. C	commissions and reinsurance expense allowance	0	0	0	0	0
5. T	otal hospital and medical expenses	553	1,430	769	(1,345)	3,592
B. BA	LANCE SHEET ITEMS					
6. P	remiums receivable	0	0	0	0	0
7. C	claims payable	0	0	0	250	2,869
8. R	deinsurance recoverable on paid losses	0	0	0	0	0
9. E	xperience rating refunds due or unpaid	0	0	0	0	0
10. C	Commissions and reinsurance expense allowances due.	0	0	0	0	0
11. U	Inauthorized reinsurance offset	0	0	0	0	0
12. C	Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
	AUTHORIZED REINSURANCE (DEPOSITS BY AND NDS WITHHELD FROM)					
13. F	unds deposited by and withheld from (F)	0	0	0	0	0
14. L	etters of credit (L)	0	0	0	0	0
15. T	rust agreements (T)	0	0	0	0	0
16. C	Other (O)	0	0	0	0	0
	INSURANCE WITH CERTIFIED REINSURERS POSITS BY AND FUNDS WITHHELD FROM)					
17. N	fultiple Beneficiary Trust	0	0	0	0	0
18. F	unds deposited by and withheld from (F)	0	0	0	0	0
19. L	etters of credit (L)	0	0	0	0	0
20. T	rust agreements (T)	0	0	0	0	0
21. C	other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	165,765,868		165 , 765 , 868
2.	Accident and health premiums due and unpaid (Line 15)	101,114,246		101,114,246
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	4,202,819		4,202,819
6.	Total assets (Line 28)	271,082,933	0	271,082,933
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	65,896,953	0	65,896,953
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,395,463		4,395,463
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				0
12.				0
13.				
14.				94,196,892
15.	Total liabilities (Line 24)	164,489,308	0	164,489,308
16.	Total capital and surplus (Line 33)	106,593,625	XXX	106,593,625
17.	Total liabilities, capital and surplus (Line 34)	271,082,933	0	271,082,933
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

				Direct Bus	iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Ğroup and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
	HI						
	ID						
	IL						
15. Indiana							
	JA						
17. Kansas	KS						
	KY						
18. Kentucky							
20. Maine	ME		<u> </u>			ļ	<u> </u>
21. Maryland							
22. Massachusetts							
3	MI						
24. Minnesota							
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	MM						
33. New York	NY						
34. North Carolina	NC						
	ND						
	OH						
37. Oklahoma							
	OR						
39. Pennsylvania							
40. Rhode Island			l				
	SC		l			l	ļ
41. South Carolina							ļ
42. South Dakota	SD						
	TN						
44. Texas	TX		ļ				ļ
45. Utah							
46. Vermont	VT						ļ
47. Virginia							
48. Washington							
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada						1	1
58. Aggregate Other Alien							
			L				

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	2 Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting		Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide		Is an SCA Filing Required?	*
	BC/BS of Michigan Mutual	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	M1	RE	State of Michigan	Legal			N	
	BC/BS of Michigan Mutual		38-4093181				Emergent Holdings, Inc	M1	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.	Ownership.		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
	BC/BS of Michigan Mutual												Blue Cross Blue Shield of Michigan Mutual Insurance		
	Insurance Co	. 00000	27 -0521030				Accident Fund Holdings, Inc	MI	DS	Emergent Holdings, Inc	Ownership		Company	Y	
00572	Insurance Co	. 00000	00-9789424				AF Global Capital, Ltd	GBR	DS	Accident Fund Holdings, Inc	Ownership	100.0	Company Blue Cross Blue Shield of Michigan	Y	
	BC/BS of Michigan Mutual Insurance Co	. 10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc	Ownership	100.0	Mutual Insurance CompanyBlue Cross Blue Shield of Michigan	N	
	BC/BS of Michigan Mutual Insurance Co	. 00000	26-4728075				Affinity Services, LLC	MI	DS	Accident Fund Holdings, Inc	Ownership	100.0	Mutual Insurance CompanyBlue Cross Blue		
	BC/BS of Michigan Mutual Insurance Co	. 00000	32-0550098				Fundamental Agency, Inc	WI	DS	Accident Fund Holdings, Inc	.Ownership	100.0	Shield of Michigan Mutual Insurance Company Blue Cross Blue	Y	
	BC/BS of Michigan Mutual Insurance Co	. 29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual Insurance Co	. 12304	20-3058200				Accident Fund General Insurance	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual	12305	20-3058291				Accident Fund National	M1	DS	Accident Fund Insurance Company of America	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual		36-4072992				Third Coast Insurance Company	WI		Accident Fund Insurance	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company		

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			D. L. C L		(Ownership,				
		NAIG				Exchange if	No of		Relationship		Board,	If Control is		Is an SCA	
Craun		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Dominilian	to	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Group Code	Group Name	Code	Number	RSSD	СІК	International)	Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
Code	Group Name	Code	Nullibei	ROOD	CIK	international)	Of Affiliates	Location	Entity	(Name of Emily/Person)	inilidence, Other)	Fercentage	Blue Cross Blue	(1/N)	
													Shield of Michigan		
	BC/BS of Michigan Mutual									Accident Fund Insurance			Mutual Insurance		
00572	Insurance Co.	12177	20-1117107				CompWest Insurance Company	CA	DS.	Company of America	Ownership	100.0	Company	l N	
000.2							1		1	company or rand roa	•		Blue Cross Blue	1	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	20-1420821				LifeSecure Holdings Corporation.	AZ	DS	Company	Ownership	80.0	Company]Y	8
										'	· ·		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual									LifeSecure Holdings			Mutual Insurance		
00572	Insurance Co	77720	. 75-0956156				LifeSecure Insurance Company	M I	DS	Corporation	Ownership	100.0	Company		8
													Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance	l .l	
00572	Insurance Co	95610	. 38-2359234				Blue Care Network of Michigan	MI	DS	Company	Ownership	100.0	Company	N	
													Blue Cross Blue		
	DO (DO C M) I C						Lucia			Blue Cross Blue Shield of			Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	45 0054044				Michigan Medicaid Holdings	М I	D0	Michigan Mutual Insurance	O	400.0	Mutual Insurance		
00572	Insurance CoBC/BS of Michigan Mutual	00000	45-3854611				CompanyBlue Cross Complete of Michigan	JN I	DS	CompanyMichigan Medicaid Holdings	Ownership	100.0	CompanyBCBSM and IBC MH	-{····································	
00572	Insurance Co.	11557	47 - 2582248				Blue cross complete of wichigan	MI	DS	Company	Ownership	50.0	BCB2M SUG IBC MH	I ,	6
0037 2	I IIIsurance co		47 -2302240				LLU		Do	Colliparty	Owner Strip		Blue Cross Blue	N	0
													Shield of Michigan		
	BC/BS of Michigan Mutual						Blue Cross and Blue Shield of						Mutual Insurance		
00572	Insurance Co.	00000	38-2338506				Michigan Foundation	MI	DS	Blue Care Network of Michigan.	Ownershin	100.0	Company	l N	
00012	111301 0100 00		2000000				I I I I I I I I I I I I I I I I I I I	1	1	Brac date network of mreningan.	0 #1101 3111 p		Blue Cross Blue	1	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Woodward Straits Insurance			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	15649	47 - 2221114				Company	MI	DS	Company	Ownership	100.0	Company		
									1	' '			Blue Cross Blue	[[
1													Shield of Michigan		
1	BC/BS of Michigan Mutual								Ī	<u></u>			Mutual Insurance		
00572	Insurance Co	00000	81-3438452	.			COBX Co	MI	NIA	Emergent Holdings, Inc	Ownership	100.0	Company	Y	
1													Blue Cross Blue		
1													Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	47 5050000				l., , , ,		1	l <u>.</u>		400.0	Mutual Insurance		
00572	Insurance Co	00000	47 - 5653683				Advantasure, Inc.	MI	NIA	Emergent Holdings, Inc	Ownership	1100.0	Company	^Y	
1													Blue Cross Blue		
1	DC/DC of Michigan Mutual												Shield of Michigan		
00570	BC/BS of Michigan Mutual Insurance Co	00000	11 2720270				ikaCyatama Carparation	DE	NI A	Adventeeure	Ownership	100.0	Mutual Insurance		
00572	misurance co		. 11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, Inc	Ownership	100.0	CompanyBlue Cross Blue		
			1						1	Blue Cross Blue Shield of			Shield of Michigan		
1	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	58-1767730				NASCO Corporation	GA	NIA	Company	Ownership	10.5	Company	N NI	
0001 Z	1113u1 u1100 00						114000 001 por at 1011	Un		00111party	υπιισι διτιμ	J	oumparty		

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group		NAIC Company	ID	Federal	0114	Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary		Directly Controlled by	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling	Is an SCA Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Blue Cross Blue	(Y/N)	*
00572	BC/BS of Michigan Mutual Insurance Co	00000 2	27 - 1038374				BH Assets, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.7	Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual	000004	47 - 4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual		45-3742721				Tessellate. LLC	DE	NIA	Tessellate Holdings, LLC	.Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual									Blue Cross Blue Shield of Michigan Mutual Insurance	·		Blue Cross Blue Shield of Michigan Mutual Insurance		
00572	Insurance CoBC/BS of Michigan Mutual	00000 4	45-1062167				NDBH Holding Company, LLC New Directions Behavioral	MO	NIA	Company	Ownership		CompanyBlue Cross Blue Shield of Michigan Mutual Insurance	N	
00572	Insurance Co	00000 4	43-1698690				Health, LLC	MO	NIA	NDBH Holding Company, LLC	.Ownership	99.0	CompanyBlue Cross Blue Shield of Michigan	N	1
00572	BC/BS of Michigan Mutual Insurance Co	000008	32-3783757				e4, LLC	MO	NIA	New Directions Behavioral Health, LLC	Ownership	100.0	Mutual Insurance CompanyBlue Cross Blue	N	1
00572	BC/BS of Michigan Mutual Insurance Co	00000 4	45-3341045				e4 Health, Inc	DE		e4, LLCBlue Cross Blue Shield of	.Ownership		Shield of Michigan Mutual Insurance Company	N	1
00572	BC/BS of Michigan Mutual Insurance Co	00000	30-0703311				BMH LLC	DE	NIA	Michigan Mutual Insurance Company	.Ownership	38.7	BCBSM and IBC MH LLC BCBSM and IBC MH		
00000			38-3946080				BMH SUBCO I LLC	DE		BMH LLC	Ownership	100.0	BCBSM and IBC MH	N	2
00000		l l	80-0768643				BMH SUBCO II LLCAmeriHealth Caritas Services,	DE		BMH LLC	Ownership	100.0	BCBSM and IBC MH	N	2
00000		l l	45 - 5415725 23 - 2859523				LLC AmeriHealth Caritas Health Plan	DE PA		BMH LLC	Ownership	100.0	BCBSM and IBC MH		ا 2ع ا
00000			23 - 2659523				TAMETHEAITH CAITTAS HEAITH FIAN. TAMETHEAITH CAITTAS HEAITH PIAN.	PA		BMH SUBCO II LLC	Ownership	50.0	BCBSM and IBC MH	N	3
00000		l l	27 - 3575066				AmeriHealth Caritas Louisiana,	LA		AMHP Holdings Corp	Ownership		BCBSM and IBC MH LLC. BCBSM and IBC MH	N	2
00000		95458	57 - 1032456				Select Health of South Carolina, Inc	SC	I A	AMHP Holdings Corp	Ownership	100.0	LLC	N	2
00000		00000 2	20-4948091				AmeriHealth Caritas Indiana,	IN	NIA	AmeriHealth Caritas Health	Ownership	100.0	BCBSM and IBC MH LLC	N	2

1 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2		•		0	Name of Securities Exchange if	Ü	3	Relationship		Type of Control (Ownership, Board,	If Control is	14	Is an SCA	10
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required?	*
Code	Group Name	Code	Number	NOOD	CIK	international)	Of Allillates	Location	Littly	(Name of Entity/Ferson)	iniliderice, Other)	Fercentage	BCBSM and IBC MH	(1/10)	
00000		158004	47 - 3923267				AmeriHealth Caritas Iowa, Inc	IA	I A	AMHP Holdings Corp	Ownership	100.0	LLC	N	2
00000		00000	20 4000047					AD.		AmeriHealth Caritas Health		400.0	BCBSM and IBC MH	۱., ا	
00000		00000	26 - 1809217				Perform RX IPA of New York, LLC.	NY	NIA	Plan AmeriHealth Caritas Health	.Ownership	100.0	BCBSM and IBC MH	N	2
00000		00000]	26 - 1144363				AMHP Holdings Corp	PA	NIA	IPIan	Ownership	100.0		l N	2
		i i					Community Behavioral Healthcare				' '		BCBSM and IBC MH]	
00000		. 00000 2	25 - 1765391				Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	100.0	LLC	N	2
										Community Behavioral Healthcare Network of			BCBSM and IBC MH		
00000		13630	26 - 0885397				CBHNP Services. Inc	PA	I.A	Pennsylvania, Inc	Ownership	100.0		l N	2
00000		i i						,		AmeriHealth Caritas Health	. o o o p		BCBSM and IBC MH	1	
00000		. 14378	45 - 4088232				Florida True Health, Inc	FL	I A	Plan	.Ownership	100.0	LLC	N	2
00000		00000	61-1847073				AmeriHealth Caritas Delaware,	DE	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and IBC MH LLC.		2
00000) 1 - 104/ 0/ 3				THC		N I A	AWINP HOTOTHIS COTP	. ownership	100.0	BCBSM and IBC MH	JIN	4
00000		00000	61 - 1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc	Ownership	51.0	LLC	N	4
							AmeriHealth District of						BCBSM and IBC MH		
00000		150884	46 - 1482013	-			Columbia, Inc	DC	I A	AMHP Holdings Corp	.Ownership	100.0	BCBSM and IBC MH	N	2
00000		15104	16-0906893				AmeriHealth Michigan, Inc	MI	LA	AMHP Holdings Corp	Ownership.	100.0	IIIC	l N	2
00000		. 10104	+0-0300033				Allier mearth wrenigan, me	Jii 1		l ,	. Owner Sirrp	100.0	BCBSM and IBC MH		
00000		16451	32-1141687				AmeriHealth Caritas Texas, Inc.	TX	I A	AMHP Holdings Corp	Ownership	100.0	LLC	N	2
00000		00000	45 0700005				Anna illa a lata. Nata a sala a la la sa	NE	1.4	AmeriHealth Caritas Health	O	70.0	BCBSM and IBC MH		_
00000		. 00000	45 - 3790685				AmeriHealth Nebraska, Inc AmeriHealth Caritas Kansas.	NE	I A	Plan	Ownership	70.0	LLCBCBSM and IBC MH	N	5
00000		00000	32-3313629				Inc.	KS	I.A	AMHP Holdings Corp	Ownership	100.0		l N	2
		i i					AmeriHealth Caritas North						BCBSM and IBC MH		
00000		00000	33-1481671				Carolina, Inc	NC	I A	AMHP Holdings Corp	.Ownership	100.0		N	2
00000		16422	61-1857768				AmeriHealth Caritas New Mexico,	NM	I A	AMHP Holdings Corp	Ownership	100.0	BCBSM and IBC MH	l M	2
00000		. 10422	71-103/700				1110	J VIVI		AmeriHealth Caritas Health	. Owner sirrp	100.0	BCBSM and IBC MH	JN	
00000		00000	27 - 0863878				PerformRx, LLC	PA	NIA	Plan	Ownership	100.0	LLC	N	2
								<u> </u>				400.0	BCBSM and IBC MH]	
00000		. 00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	100.0	LLCBCBSM and IBC MH	N	2
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO LLC	Ownership	50.0	LLC	l N	3
							'				' '		BCBSM and IBC MH]	
00000		000002	23 - 2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	50.0		N	3
00000		11557	17 - 2582248				Blue Cross Complete of Michigan	MI	1.4	AmeriHealth Caritas Health	Ownership	50.0	BCBSM and IBC MH LLC.		6
00000		. 1100/	+1 -2302240				LLV	MI	I A		Ownership	J	Blue Cross Blue	N	D
													Shield of Michigan		
										BCBSM and Accident Fund	<u></u>		Mutual Insurance		
00000		. 00000	36-4247278				BCS Financial Corporation	DE	NIA	Insurance Company of America.	Ownership	13.7	Company	N	

1 1	2	3	4	5	6	7		9	10	11	12	13	14	15	16
	-					Name of			10		Type of Control		''		
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group Code	Group Name	Company Code	/ ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	ROOD	CIK	international)	Of Allillates	Location	⊏⊓uty	(Name of Entity/Ferson)	militaerice, Otrier)	reiceillage	Blue Cross Blue	(1/N)	
													Shield of Michigan		
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership.	100 0	Mutual Insurance Company		7
00000		00303					14 Ever Erre misurance company			bos i manerar corporation	Owner sirrp		Blue Cross Blue		
													Shield of Michigan		
00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	Ownership	100 0	Mutual Insurance Company		7
00000		00240					1 boo maaranee company			Boo i manerar corporation	0 #11C1 3111 p		Blue Cross Blue		
													Shield of Michigan		
00000		26794	36 - 3503382				Plans' Liability Insurance Company	OH	I A	BCBSM	Management		Mutual Insurance Company		
00000		20134					. Company			. Dobom	. management		Blue Cross Blue		
													Shield of Michigan		
00000		00000	36-3120811				BCS Insurance Agency, Inc	 L	NIA	BCS Financial Corporation	Ownership	100 0	Mutual Insurance Company		7
00000		00000					bes meaner Agency, me			Doo i manerar corporation	0 WITCH STITP		Blue Cross Blue		
													Shield of Michigan		
00000		00000	36-4303124				BCS Financial Services	DE	NIA	BCS Financial Corporation	Ownership	100.0	Mutual Insurance Company		7
00000		00000	30-4303124				Corporation		N I A	. 1863 Filianiciai corporation	Ownership	100.0	Blue Cross Blue		
													Shield of Michigan		
00000		00000	20-1420821				LifeSecure Holdings Corporation.	AZ	DS	BCS Financial Corporation	Ownership	20.0	Mutual Insurance Company		8
00000		00000	20 • 1420021				Littlesecure Hordings Corporation.			. 1803 Filianiciai corporation	Ownership	20.0	Blue Cross Blue	.	
													Shield of Michigan		
00000		00000					4 Ever Life International	BMU	NII A	DCC Financial Commentian	Owen a na la : -	100.0	Mutual Insurance		7
00000		00000					Limited	BWU	NIA	BCS Financial Corporation	Ownership	100.0	CompanyBlue Cross Blue		
													Shield of Michigan		
1,0000		00000	32-0485937				BCS Re Inc.	VT	NII A	DCC Financial Commentian	Owen a na la : -	100.0	Mutual Insurance		7
00000		00000	32-0483937				BCS Re Inc.	V I	NIA	BCS Financial Corporation	Ownership	100.0	CompanyBlue Cross Blue		
													Shield of Michigan		
1,0000		00000	37 - 1732732				Anniluma Tanhanlanian II C		NII A	BCS Financial Corporation	O	F0.0	Mutual Insurance		
00000		00000	31 - 11 321 32				Ancilyze Technologies LLC	DE	NIA	BUS FINANCIAL CORPORATION	Ownership		CompanyBlue Cross Blue		9
													Shield of Michigan		
00000		00000	46-4945044				Anni luza Inguranca Agansu II C	l ,,	NII A	Anailyza Tashnalagiaa 110	Ownorabin	100.0	Mutual Insurance		
00000		00000	40-4945044	<u> </u>			Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	Ownership	100.0	Company		я

Asterisk	sk Explanation	
1	BCBSM owns 9.9% of the entity in column 8	
2	BCBSM owns 38.74% of the entity in column 8	
3	BCBSM owns 19.37% of the entity in column 8	
4	BCBSM owns 19.75% of the entity in column 8	
5	BCBSM owns 27.12% of the entity in column 8	
6Mich	Michigan Medicaid Holding Company and AmeriHealth Caritas Health Plan each own 50% of Blue Cross Complete of Michigan, LLC	
7	BCBSM owns 13.66% of the entity in column 8	
8	BCBSM and BCS Financial Corporation owns LifeSecure Holdings Corporation 80% and 20% respectively	
9	BCBSM owns 6.83% of the entity in column 8	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
					Purchases, Sales or Exchanges of Loans, Securities, Real	(Disbursements) Incurred in Connection with Guarantees or		Income/ (Disbursements)		Any Other Material Activity Not in the		Reinsurance Recoverable/ (Payable) on Losses and/or
NAIC					Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mu	10,000,000	(1,230,245,285)			2,214,889,250	(14,465,719)		(38,978,595)	941 , 199 , 651	
95610	38-2359234	Blue Care Network of Michigan		6 , 105 , 146			(2,362,900,863)	(16,002,294)	ļ		(2,372,798,011)	
00000	27 - 0521030	Accident Fund Holdings, Inc.		(2,000,000)			(13,537,151)		ļ		(15,537,151)	
10166	38-3207001	Accident Fund Insurance Company of Ameri	(200,000,000)	(35,000,000)			52, 150, 543		ļ		(182,849,457)	
12304	20-3058200	Accident Fund General Insurance Company.		35,000,000			(54,376,688)		ļ		(19,376,688)	
12305	20-3058291	Accident Fund National Insurance Company					(39,226,754)		ļ		(39,226,754)	
10713	36-4072992	Third Coast Insurance Company.					(4,576,377)		ļ		(4,576,377)	
29157	39-0941450	United Wisconsin Insurance Company.					9,329,139		ļ		9,329,139	
00000	45 - 1259278	EIN Properties LLC.					4,939,558		ļ		4,939,558	
11557	47 - 2582248	Blue Cross Complete of Michigan LLC.		10,000,000			(103,049,565)		ļ		(93,049,565)	
00000	38-2338506l	Blue Cross Blue Shield of Michigan Fo.					(1,128,561)		ļ	ļ	(1,128,561)	
12177	20-1117107	CompWest Insurance Co					(14,069,103)		ļ		(14,069,103)	
77720	75-0956156	LifeSecure Insurance Company					(2,565,663)		ļ	ļļ.	(2,565,663)	
00000	58-1767730	NASCO Corporation					59,028,507		ļ	ļļ.	59,028,507	
		AmeriHealth Caritas Health Plan		(5,000,000)					ļ	ļļ.	(5,000,000)	
00000	27-0863878	PerformRx, LLC					6,474,465		ļ	ļ	6,474,465	
00000	45-3742721	Tessellate, LLC.					95,832,054		ļ	ļ	95,832,054	
	47 - 2221114	Woodward Straits Insurance Company	(10,000,000)				(1,867,965)	30,468,013	ļ	ļ	18,600,048	
00000		AF Global Capitol, Ltd.					(201,635)				(201,635)	
	47 - 5653683	Advantasure, Inc.		35,000,000			(65,745,438)				(30,745,438)	
00000	11-3738370	ikaSystems		25,000,000			11,092,805			(2,035,858)	34,056,947	
00000	81-3438452	COBX Co.					112,914,093			41,014,453	153,928,546	
00000	61-1729412	PerformSpecialty, LLC					29,651,461				29,651,461	
15104	46-0906893	AmeriHealth Michigan, Inc.					(291, 126)		ļ		(291, 126) 66, 592, 952	
00000	45-5415725	AmeriHealth Caritas Services LLC					66,592,952		ļ		66,592,952	
00000	32-0550098	Fundamental Agency		2,000,000			642,062		ļ		2,642,062	
	38-4093181	Emergent Holdings Inc.	200,000,000	1, 159, 140, 139					ļ		1,359,140,139	
00000	45-3854611	Michigan Medicaid Holdings Inc		0	ļ						0	
		-			<u> </u>					ļ	0	
					<u> </u>					ļ	0	
									ļ			
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Accident Fund Ins. Co. of America 98.97%

CompWest Insurance Company 1.03%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

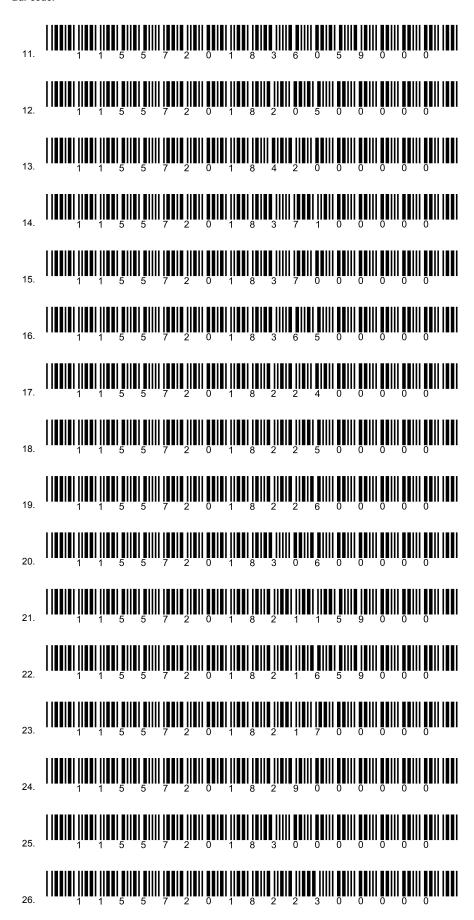
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
•	JUNE FILING	VEC
8.		YES YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? AUGUST FILING	I LU
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and	YES
Howev interro	llowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company is engaged in the type of business covers for which the special report must be filed, your response of the event that your company is engaged in the type of business covers for which the special report must be filed, your response of the event that your company is engaged in the type of business covers for which the special report must be filed, your response of the event that your company is engaged in the type of business for which the special report must be filed, your response of the event that your company is engaged in the type of business for which the special report must be filed, your response of the event that your company is engaged in the type of business for which the special report must be filed, your response of the event that your company is engaged in the type of business for which the special report must be filed, your response of the event that your company is explained in the type of business for which the event that your company is explained in the event that your company is event to the event	of NO to the specific
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	· · · · · · · · · · · · · · · · · · ·	N0
14.		N0
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
18.	electronically with the NAIC by March 1?	N0
19.	electronically with the NAIC by March 1?	N0
20	APRIL FILING	NO
20.		N0N0
21. 22.		NONO
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	NO
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	
25.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	NO
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Evalor		
	nation:	
II. DU	siness not written	
12. Bu	siness not written	
13. Bu	siness not written	
14. Bu	siness not written	
15. Bu	siness not written	
16. Bu	siness not written	
17. Bu	siness not written	
18. Bu	siness not written	

19. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Business not written
- 21. Business not written
- 22. Business not written
- 23. Business not written
- 24. Business not written
- 25. Business not written
- 26. Business not written

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Consumer Incentives		815,508	1, 162, 015
1405. Access to Care			345,204
1406			0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	815,508	1,507,219

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Donations	99,754	0	106,606		206,360
2505. Purchased Services	266,525	0	208,827		475,352
2597. Summary of remaining write-ins for Line 25 from Page 14	366,279	0	315,433	0	681,712

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